



## 1.8 PLANNING AND EVALUATION

### POLICY:

Family planning programs should have a system for quality improvement, which is designed to review and strengthen the quality of services on an ongoing basis. Family planning programs should select, measure, and assess at least one outcome measure on an ongoing basis, for which the service site can be accountable.

A requirement that the subrecipient permit the recipient and auditors to have access to the subrecipient's records and financial statements as necessary for the recipient to meet the requirements of 45 CFR § 75.

Title X Recipients: Detail a plan for monitoring the delivery of family planning services under the Title X project, including the monitoring and oversight of subrecipients. (45 CFR § 75.352)

### PROCEDURE:

#### Framework for Program Evaluations

The ND FPP follows the Recommendations for Providing Quality Family Planning Services, which defines what services to provide and how to do so and thereby provides a framework by which program evaluation can be developed. The ND FPP also follows the QFP that defines 'quality' care and describes how to conduct quality improvement processes so that performance is monitored and improved on an ongoing basis. Quality Improvement activities should be overseen by the state and occur at both the grantee and subrecipient level.

The ND FPP maintains a written plan for monitoring the delivery of all services described in approved grant application, including monitoring of subrecipients.

Subrecipients are required to submit monthly, quarterly, semi-annual, and annual reports to the state office as outlined in the ND FPP Policies, Procedures, Protocols and Subrecipient Reporting Schedule.

The ND FPP utilizes an established set of clinical, administrative, and programmatic standards:

- NDFPP Policy and Procedure Manual (Reviewed annually)
- NDFPP Protocol Manual (Reviewed annually)
- Office of Population Affairs (OPA) Program Review Tool (PRT)
- Triennial site reviews with (chart review and clinician observation) using OPA PRT

Grantee and subrecipient work plans ensure that planned activities, meetings, and projects are accomplished within the designated fiscal year.

- Progress reports
- Fiscal year goals and objectives based on a formal or informal needs assessment
- Subrecipient Reporting Schedule
- Subrecipient Family Planning Director Meetings



- Superbill/Fee Schedule

Subrecipients participate in ongoing medical chart audit procedures that evaluate clinical performance, provide feedback, and initiate corrective action when deficiencies are noted.

- Biannual Chart Review/Audit
- Biannual Internal Medical Audit (IMA)
- Annual clinician/physician peer reviews (conducted by the CMC)
- New provider orientation/direct observation (conducted by the CMC)

Quarterly client satisfaction surveys must be completed for the provision of consumer feedback.

Subrecipients must utilize a tracking system to identify clients needing follow-up or continuing care.

Annual subrecipient family planning director and employee evaluations must be completed.

Subrecipients and all service sites must use the Client Visit Record (CVR) Program to report required client statistics to the state office through Ahlers and Associate's data system.

The ND FPP collects and submits data for the Family Planning Annual Report (FPAR) in a timely, complete, and accurate manner.

Subrecipients must submit the Monthly Expenditure Report provided by ND DHHS Accounting with each request for reimbursement using the Program Reporting System (PRS).

## **RESOURCES:**

Instructions and forms under State Forms section on ND FPP website:

<https://www.hhs.nd.gov/cfs/family-planning/grantees>

[Providing Quality Family Planning Services \(hhs.gov\)](https://www.hhs.gov/family-planning)

Subrecipient Reporting Schedule

[https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/Subrecipient\\_Reporting\\_Schedule.pdf](https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/Subrecipient_Reporting_Schedule.pdf)